

INFORMATION FOR EMPLOYEES ENTERING MILITARY ACTIVE DUTY

On October 13, 1994, the Uniformed Services Employment and Reemployment Rights Act (USERRA) passed. USERRA expanded the rights of employees entering uniformed services, therefore, giving employees options related to their employment and benefits. The following is information and a checklist designed to counsel employees on their rights and benefits and provide an opportunity for them to make elections regarding their options. The Information Guide on Employment Rights Benefits and Entitlements For Federal Civilian Employees Who Perform Active Military Duty can be found at <https://www.abc.army.mil> at the Uniformed Services General Information tab.

Annual/Military Leave. Employees who enter into active duty may choose to have their annual leave remain to their credit until they return to their civilian position **OR** receive a lump-sum payment for all accrued annual leave. This provision applies whether or not an employee is placed on leave without pay for uniformed service (LWOP-US) or separated (Separation-US).

Permanent employees who perform active military duty may request the use of paid military leave or annual leave during their LWOP-US status. Eligible full-time employees accrue 120 hours of military leave per fiscal year and may carry over a maximum of 120 hours into the next fiscal year. Employees who wish to use military or annual leave while on LWOP-US must submit a request to the supervisor of their civilian position in accordance with applicable leave request procedures.

Health Benefits (FEHB). If you are covered by the Federal Employees Health Benefits Program (FEHBP) and are either separated or placed in a LWOP-US status to perform military service, you may continue to be covered by FEHB for up to 24 months, unless you elect in writing to have the enrollment terminated. You should visit the Army Benefits Center-Civilian (ABC-C) website at <https://www.abc.army.mil> to find the latest information concerning FEHB during LWOP for military service.

If you have been called to active duty in support of a contingency operation, you **MUST** complete the attached Employee Election of Continuation/Termination of FEHB Premiums for Employees Called to Active Duty in Support of Contingency Operations. If you meet the eligibility requirements and choose to continue your FEHB coverage, your agency will pay the employee share of the premium for up to 24 months.

If your military service is not in support of a contingency operation and you choose to continue your FEHB coverage, you will be responsible for paying the employee share of the premium for the first 12 months and 102% for the final 12 months of continued coverage. You may pay currently (generally with after-tax monies) or incur a debt to be paid upon your return (generally on a pre-tax basis if you participate in Premium Conversion). **If you elect to incur a debt, collection of the debt will begin as soon as you are in a pay status, to include payments for military or annual leave.** Payroll deductions will include a current FEHB premium plus one additional premium until the debt is paid.

Note: If you are participating in Premium Conversion and elect to continue your FEHB coverage at this time, but want the option of terminating your coverage at any time during the 24 months of continued coverage, you must waive participation in Premium Conversion. To waive participation you must complete the attached Premium Conversion Waiver/Election form within 60 days of the beginning of your LWOP-US. If you wish to re-enroll in Premium Conversion after your return from military duty, you must again complete the Premium Conversion Waiver/Election Form within 60 days of your return to duty or wait for another qualifying life event or open season to do so.

Note: Termination of FEHB coverage is not considered a break in coverage for purposes of meeting the 5-year/first opportunity requirement to continue FEHB into retirement. If you terminate your FEHB coverage, it will be reinstated automatically when you return to duty to the plan you held when you entered LWOP-US or were separated. When you return to duty from LWOP-US or are reemployed after being separated, you may change FEHB plans or enroll within 60 days after your return to duty.

Life Insurance. You will continue to be covered by the Federal Employee's Group Life Insurance (FEGLI) for up to 12 months at no cost to you. Upon return to duty or reemployment after separation, you will have the same FEGLI coverage you had prior to entering LWOP-US or separation for military service.

Retirement. You will continue to be covered by the retirement law, i.e., CSRS or FERS. Death and disability benefits under the civilian retirement rules would apply if you continue in LWOP-US.

If you enter LWOP-US or separate to perform active military duty, you would generally receive retirement credit for the period of LWOP-US or separation if a deposit for the military service is made. Upon restoration to your civilian position you may make a deposit for the military service and would be calculated as follows:

FERS employees: The deposit is calculated in one of two ways: 1) using 3% of military base earnings, **OR**; 2) .8% of what your base civilian earnings would have been during that period. You would pay the lesser amount.

CSRS employees: The deposit is calculated in one of two ways: 1) using 7% of military base earnings, **OR** 2) 7% of what your base civilian earnings would have been for that period. You would pay the lesser amount.

Additional information can be found at <https://www.abc.army.mil/Information/ABCRetirement/Information/CSRSPost56.htm>
OR <https://www.abc.army.mil/Information/ABCRetirement/Information/FERSPost56.htm>.

Thrift Savings Plan. No contributions can be made to the TSP while you are on LWOP-US or separated from your civilian position. However, if you are restored to your civilian position, make-up contributions may be made to cover that period of service. You will need to contact the Army Benefits Center-Civilian (ABC-C) within 60 days of your return to duty to make arrangements for make-up contributions. The Employee Request for TSP Make-Up Contributions can be found at https://www.abc.army.mil/uniformed_services/forms/forms.asp. Employees who separate may request withdrawal of their TSP funds; however, employees who are placed on LWOP-US cannot do so.

If you have a TSP loan when you enter into active duty status, you must complete the attached TSP 41, Notification to TSP of NonPay Status, and submit with your Checklist for Employees Entering Extended Military Active Duty (30 days or more) and active duty orders.

If you have questions concerning the effect of your military duty on your TSP account/loans, you may contact ABC-C at 1-877-276-9287 or visit the TSP web site at <http://www.tsp.gov>. You may also obtain information concerning TSP when entering LWOP-US in the TSP Fact Sheet 95-4, available at <http://www.tsp.gov/cgi-bin/byteserver.cgi/forms/oc95-4.pdf>. For information on TSP when returning to duty from LWOP-US or separation for military service, see the TSP-Fact Sheet 95-5, available at <http://www.tsp.gov/cgi-bin/byteserver.cgi/forms/oc95-5.pdf>.

Application for Merit Promotion. While absent on military duty, employees are entitled to be considered for promotions. Employees can access a listing of vacancy announcements and obtain copies of specific announcements through the Army Civilian Personnel Online website, <http://www.cpol.army.mil/va/scripts/public.html>. Employees on military duty should use the application procedures explained in each specific vacancy announcement.

Request for Reemployment. Employees have reemployment rights if the cumulative length of all absences from employment with their employer (Dept of Army) for service in the uniformed services does not exceed five years, with certain exceptions. Service counting toward the five years includes active duty, active duty for training, and initial active duty for training. It does not include annual training. Employees who wish to exercise reemployment rights must submit a request to do so within the following time limits:

- 1) An employee whose uniformed service is for more than 30 days but less than 181 days must submit a written request for reemployment to their former supervisor (copy furnished to the CPAC) no later than 14 days after completing the period of service. (If submitting the application is impossible or unreasonable through no fault of the individual, it must be submitted the next full calendar day when it becomes possible to do so.)
- 2) An employee whose uniformed service is for more than 180 days must submit a written request for reemployment to their former supervisor (copy furnished to the CPAC) not later than 90 days after completing the period of service.

Employees who are in LWOP status and fail to apply for reemployment within the above time limits will be subject to removal from Federal service.

Appeal Rights. Employees who believe their agency has not complied with the law or with the Office of Personnel Management's regulations may file a complaint with the Department of Labor at 1-866-4-USA-DOL, <http://www.dol.gov/vets> or appeal directly to the Merit Systems Protection Board (MSPB), <http://www.mspb.gov>.

Changes in Status. Employees who are absent on military duty are responsible for notifying the CPAC of any change in their mailing address and/or telephone number. If the employee's initial military tour of duty is extended, the employee should also send a copy of the extension orders to the CPAC.

Presidential Leave: On November 14, 2003, President George W. Bush directed the heads of agencies to grant Federal employees who are returning to civilian service from active duty for a contingency operation 5 days off of paid time to aid in their readjustment to civilian life. The commencement of the 5 days of excused absence represents a return to Federal civilian employment, and the employee is obligated to report for work at the end of the 5-day period. The 5 days of paid excused absence should be taken immediately prior to your actual resumption of duties. Employees will receive 5 days of excused absence only **once** regardless of the number of activations.

**CHECKLIST FOR EMPLOYEES ENTERING EXTENDED MILITARY ACTIVE DUTY
(30 DAYS OR MORE)**

Please initial your election/acknowledgement.

I choose to be:

☐ Placed on LWOP-US, beginning _____
☐ Separated, effective _____

Previous Absence for Uniformed Service:

☐ I have had previous absences for active duty in the uniformed services while employed with the Dept of Army (DA). This includes active duty and ADT covered by annual leave, military leave, LWOP or separation. It does not include annual training.

☐ I have not had previous absences for active duty in the uniformed services while employed with DA.

Annual Leave:

☐ I have a balance of annual leave that I would like to be paid in a lump sum.

☐ I want to leave my annual leave to my credit.

Health Benefits (FEHB) (must currently be enrolled in FEHB):

☐ I want to terminate my FEHB. This will not be considered a break in coverage for retirement purposes. I understand my FEHB coverage will be reinstated automatically upon return to duty.

☐ I have been called to active duty **in support of a contingency operation**. I understand I must submit the attached Employee Election of Continuation/Termination of FEHB Premiums for Employees Called to Active Duty in Support of Contingency Operations with this checklist. If I elect to continue my FEHB and meet the eligibility requirements, my agency will pay the employee share of the premium for up to 24 months.

☐ My active duty is **not in support of a contingency operation**. I want to continue my FEHB. I have elected below whether to pay for FEHB on a continuing basis or incur a debt. I understand that if I continue my FEHB, after the first 12 months, I will pay 102% of the cost and it must be paid currently. I understand that I will not be allowed to terminate my FEHB at a later date unless I waive participation in premium conversion within 60 days of the beginning of my LWOP-US or wait for another qualifying life event or an open season. The attached Premium Conversion Waiver/Election form must be submitted with this checklist to waive participation.

☐ I want to pay for my FEHB on a continuing basis during my absence. I understand I must contact the civilian payroll Customer Service Representative to arrange for direct payments.

☐ I want to incur a debt to be paid upon my return.

FEGLI (must currently be enrolled in FEGLI):

☐ I understand that my FEGLI coverage will continue for 12 months at no cost to me.

Retirement:

☐ I understand that while on LWOP-US, death and disability benefits continue under my retirement system.

☐ I understand that the military service is potentially creditable service but I must make a deposit for that service to avoid Catch-62 (CSRS-covered employees must make a deposit if first hired on/or after 10-1-82. FERS-covered employees must make a deposit regardless of the date of hire.). I understand the deposit will be calculated based on percentages of my military base pay or the civilian pay I would have earned and I understand this deposit is voluntary. I may contact ABC-C or the CPAC for more information upon my return.

Thrift Savings Plan:

☐ I understand that if I am restored to my civilian position, I will need to contact the ABC-C within 60 days of my return to duty if I wish to elect make-up contributions.

☐ I have a TSP loan. Complete a TSP 41 (attached) along with a copy of your orders and submit with this checklist. Information concerning the effect of LWOP-US on my TSP account/loan is available in the TSP Fact Sheet 95-4 at <http://www.tsp.gov/cgi-bin/byteserver.cgi/forms/oc95-4.pdf>.

Promotion Consideration:

☐ I understand that I am entitled to apply and be considered for promotions while on active duty and I understand how to obtain vacancy announcements.

Reemployment:

☐ I understand my reemployment rights and the time limits for applying for reemployment. I also understand that if I am on LWOP-US and fail to apply for reemployment within the time limits required by law, I will be subject to removal from Federal service.

Appeal Rights:

☐ I understand my appeal rights if I believe my agency has not complied with the law or with the Office of Personnel Management's regulations.

I understand my rights, benefits and elections.

Signature: _____ Date: _____ Email address: _____
Home Address: _____

Employee Election of Continuation/Termination of FEHB Premiums
for Employees Called to Active Duty in Support of Contingency Operations

Instructions: Fill in the blanks as appropriate and read all information below. Sign, date and submit with the Checklist For Employees Entering Extended Military Active Duty (30 Days or more).

Name of Employee: _____
SSN: _____

I understand that I am providing notification of my election to continue or terminate my FEHB coverage while in LWOP-US or Separation for Active Military Duty to Support a Contingency Operation.

By my electing to continue my FEHB coverage and having my servicing CPOC certify that I meet all eligibility requirements, my agency will pay the employee portion of the FEHB premium for a period of time not to exceed 24 months for each period of active duty.

If I elect to terminate my FEHB coverage I am waiving entitlement for the agency payment of the full FEHB premium.

I understand that if I am enrolled in Premium Conversion, that I have 60 days from the start of my unpaid leave of absence to terminate the Premium Conversion, which would allow me to terminate my FEHB coverage at any time. If I do not cancel my Premium Conversion within the 60-day limit, I cannot terminate my FEHB except during the annual FEHB Open Season or 60 days after another qualifying life event.

I have read all information above regarding eligibility and employee responsibilities and make the following election:

Check the appropriate space below, sign, and return this notice to your servicing CPOC.

After reading and understanding the information below, I elect to: (Check one):

_____ I want to continue my FEHB.

_____ I want to terminate my FEHB effective on the day I separate, furlough, or placed on leave of absence for entering military service. I understand that this termination will void the responsibility of my agency to make the full premium payment

OR

_____ I want to continue my FEHB enrollment but do not want my agency to pay the employee share of the premium. I want to incur a debt to be paid upon my return and continue participation in Premium Conversion.

Signature: _____ Date: _____

Refer questions to: 1-877-ARMY CTR (276-9287)



**Federal Employees Health Benefits Program (FEHB)
Premium Conversion Waiver/Election Form**

Purpose of This Form

This form is used to elect or waive pre-tax treatment of employee premium contributions to the FEHB Program. Pre-tax treatment is automatic. You do not need to complete this form unless you elect not to have your FEHB premium contributions deducted on a pre-tax basis, or you previously waived this benefit and now elect to participate.

I. PARTICIPANT INFORMATION

Last Name	First Name	MI	SSN
Agency/Bureau Name	Agency/Bureau Address	Office phone	

II. ELECTION TO WAIVE PARTICIPATION IN PREMIUM CONVERSION

I elect to waive participation in premium conversion and the pre-tax treatment of my FEHB premiums. I would like to have my FEHB premium contributions deducted from my pay on an after-tax basis.

Signature	Date
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- ☐ This is my initial opportunity to waive participation in premium conversion
☐ I am making this election to waive participation during FEHB Open Season
☐ I wish to waive participation in premium conversion on account of and in accordance with the following Qualifying Life Event (QLE) _____.

III. ELECTION TO RESTORE PARTICIPATION IN PREMIUM CONVERSION

I elect to have my FEHB premiums deducted from my pay on a pre-tax basis. I understand that I may only change my FEHB premium deductions to an after-tax basis during a subsequent Open Season or upon a Qualifying Life Event (QLE). See instructions for acceptable events.

Signature	Date
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- ☐ I am making this election to participate during the FEHB Open Season
☐ I wish to participate in premium conversion on account of and in accordance with a Qualifying Life Event
☐ QLE Event Code _____

IV. TO BE COMPLETED BY PAYROLL/PERSONNEL STAFF

Approved ☐ Disapproved ☐ Effective Date: MM/DD/YYYY

Authorized agency official: _____
Signature Date

Privacy Act Statement: This information is collected under 5 C.F.R. § 892 and will be used to process your decision to waive or restore the pre-tax treatment of your FEHB premiums. This information may also be used pursuant to routine uses promulgated by OPM under 5 U.S.C. § 552a(b)(3). Completion of this form is voluntary. However, if this information is not provided, we will be unable to process your waiver or restoration of premium conversion.

Instructions for Completing the FEHB Premium Conversion Election/Waiver Form

Use this form to

- ✓ Waive premium conversion and the pre-tax treatment of FEHB premiums
- ✓ Restore premium conversion if previously waived

Do not use this form to

- ✓ Elect premium conversion UNLESS you have previously waived it
- ✓ Waive premium conversion if you have already waived it
- ✓ Enroll in the FEHB Program. A separate form is used for that purpose

Who May Use This Form Employees who are eligible for pre-tax treatment of their FEHB premiums

General Information Further information on premium conversion may be obtained on the OPM website: www.opm.gov

Effective Dates

For Waivers

If you wish to waive pre-tax treatment when premium conversion becomes effective on October 1, 2000, this form must be completed by you and received by your employing office the earlier of: the date set by your employing agency; or the day before the first pay period that begins on or after October 1, 2000.

Your decision to waive pre-tax treatment must be made during FEHB Open Season or within the specified time period after a Qualifying Life Event (QLE). If you change your participation during Open Season, it will become effective on the first full pay period in the following calendar year. If you change your participation as a result of a Qualifying Life Event, the change will be effective the first full pay period after this form is received by your employing office.

Newly hired employees who want to waive pre-tax treatment need to submit this form at the same time as SF-2809, Employee Health Benefits Election Form. Pre-tax waivers made by newly hired employees take effect at the same time that FEHB coverage is effective.

Your decision will continue indefinitely unless you later submit a new election/waiver form to change the tax treatment of your contributions to FEHB.

For Restorations

IRS Guidelines—Restrictions on Changing Health Benefits Coverage (Pre-tax Treatment)
To make a change outside of the FEHB Open Season, (switch plans or options, cancel your enrollment, or change from family to self-only) or to change your participation in premium conversion you must have experienced a QLE and the change in coverage must be on account of and in accordance with that QLE. This differs for employees covered by after-tax treatment, who may reduce their level of coverage at any time. The difference is because pre-tax treatment is subject to Internal Revenue Service (IRS) guidelines. Keep this information in mind when making your decision.

If your change is allowed, it will be effective the first full pay period after this form is received by your employing office.

Qualifying Life Events (QLEs)

QLEs are events that may allow you to make a change in your premium conversion election outside of open season. Ask your employing agency for more information on whether your event meets the criteria of a qualifying life event.

With two exceptions (noted above), the rules for changing FEHB enrollment outside of Open Season do not change. The opportunities for you to enroll or change enrollment described in 5 CFR Part 890, and in the FEHB Employee Health Benefits Election Form (SF 2809) will continue to be allowed under premium conversion.



THRIFT SAVINGS PLAN

NOTIFICATION TO TSP OF NONPAY STATUS

TSP-41

Agency representatives — Use this form to notify the TSP record keeper when a participant who has a TSP loan is placed in an approved nonpay status (e.g., furlough, suspension, leave without pay — including leave without pay to perform military service — or pending resolution of a grievance or appeal). In addition, use this form to notify the TSP record keeper when a participant who entered nonpay status returns to pay status. Agency representatives should mail the completed form to the address shown below. For more information, refer to Bulletin 03-18.

TSP Service Office
P.O. Box 385021
Birmingham, AL 35238

Or fax the completed form to our toll-free fax number:

1-866-817-5023

Participants — Do not submit this form. It must be certified and submitted by your agency.

I. INFORMATION ABOUT THE PARTICIPANT

1. Name of Employee _____
Last First Middle
2. Social Security Number _____ - _____ - _____

II. INFORMATION ABOUT NONPAY STATUS

Complete this section **when the participant enters nonpay status.**

3. Beginning Date of Nonpay Status _____ / _____ / _____
mm dd yyyy
4. Is the nonpay status due to military service? ☐ Yes ☐ No

III. INFORMATION ABOUT DATES OF NONPAY STATUS

Complete this section **when a participant who entered nonpay status returns to pay status.**

5. Beginning Date of Nonpay Status _____ / _____ / _____
mm dd yyyy
6. Ending Date of Nonpay Status _____ / _____ / _____
mm dd yyyy

IV. AGENCY CERTIFICATION

7. _____ 8. _____
Signature of Agency Official Date Signed
9. _____ 10. (_____) _____ - _____
Typed or Printed Name of Agency Official Telephone Number
11. _____
Title of Agency Official



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Form TSP-41 (10/2005)
PREVIOUS EDITIONS OBSOLETE